

# Duplicate Policy Request

Date: [Insert Date]

To,  
[Insurance Company Name]  
[Company Address]  
[City, State, Zip Code]

Subject: Request for Duplicate Policy

Dear [Recipient's Name],

I am writing to formally request a duplicate copy of my insurance policy, policy number [Insert Policy Number]. Due to [reason for request, e.g., loss of the original document, damage, etc.], I am unable to provide the original document.

Please provide me with a duplicate of the aforementioned policy at your earliest convenience. If there are any processing fees or forms that I need to complete, please let me know.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]